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UNITED STATES DISTRICT COURT
DISTRICT OF NEW JERSEY

IN RE: MERCK & CO., INC. SECURITIES, DERIVATIVE & "ERISA" LITIGATION	MDL No. 1658 (SRC)
THIS DOCUMENT RELATES TO: THE CONSOLIDATED SECURITIES ACTION	Case No. 2:05-CV-01151-SRC-MAS Case No. 2:05-CV-02367-SRC-MAS (Document Electronically Filed)

CERTIFICATION OF CARL M. GREENFELD, ESQ. IN FURTHER SUPPORT OF DR. EDWARD M. SCOLNICK'S MOTION TO DISMISS THE CORRECTED CONSOLIDATED FIFTH AMENDED CLASS ACTION COMPLAINT

CARL M. GREENFELD, ESQ., hereby certifies as follows:

1. I am a special counsel to the law firm Lowenstein Sandler PC, attorneys for Dr. Edward M. Scolnick, a defendant in the above-captioned matter.

2. I submit this certification in further support of Dr. Edward M. Scolnick's Motion to Dismiss the Corrected Consolidated Fifth Amended Class Action Complaint pursuant to Rules 9(b) and 12(b)(6) of the Federal Rules of Civil Procedure and the Private Securities Litigation Reform Act of 1995, 15 U.S.C. § 78u-4.

3. Attached hereto as Exhibit A is a true and correct copy of an email dated March 24, 2000 from Garret FitzGerald to Alan Nies.

4. Attached hereto as Exhibit B is a true and correct copy of an email dated April 7, 2001 from Edward Scolnick to Douglas Greene.

Pursuant to 28 U.S.C. § 1746, I certify under penalty of perjury that the foregoing is true and correct.

Dated: September 17, 2010

By: s/ Carl M. Greenfeld

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Exhibit A

To: Gertz, Barry J.; Reicin, Alise S.
From: Nies, Alan S.
Cc
Bcc:
Date: 2000-03-24 20:32:05
Subject: FW: hi

---

fyi
alan

From: Garret A. FitzGerald[SMTP:garret@spirit.gcrc.upenn.edu]
Sent: Friday, March 24, 2000 1:27 PM
To: nies@merck.com
Subject: hi

interesting.

luis paper is in press in epidemiology.

i have emailed him.

asa significantly reduced the risk of first nonfatal mi in these femails rr 0.56 (0.26 - 1.21)
all NSAIDs had no effect 1.32 (0.97 - 1.81)

individual nsaids had no significant effect on either fata , nonfatal or total mis.

amongst these INSIGNIFICANT effects , naproxen looked best 0.33 (0.07 - 1.4) but was closely followed by ibuprofen 0.57 (0.2 - 1.6). diclofenac tended to be worse 1.66 (0.99 - 2.76). there were no sig diffs between the nsaids.

this is the best comparative clin data on MI and NSAIDs that i am aware of.

if you want to explore the tp antagonist or asa - vioxx studies further , let me know.

==========
Garret A. FitzGerald
tel: (215)898-1185
fax: (215)573-9135
e-mail: garret@spirit.gcrc.upenn.edu

Exhibit B

To: Greene, Douglas Dr.
From: Scolnick, Edward M.
Cc
Bcc:
Date: 2001-04-07 20:23:26
Subject: RE: ADVANTAGE CV events tables

Doug That is why asked for the tables. They have no data in the CDP study that is worth anything. Their action is heonous from my perspective. There are many actions they might have taken that would have been not to our liking but rational. This course is just stupid.

By the way over the years the reason we have resisted doing large marketing clinical studies is just this. It opens a lot of data to FDA that compromises thge large clinically meaningful trials.Small marketing stuides which are intellectually redundant are extremely dangerous and the PAC system with the marketing emphasis in CDP on all their studies opens pandora's box which we have urged against from the beginning of time.Their budget is noq 179 million for CDP- as much as our phase 2/3 new chemical entitities used to be. I have told Ray I think it is wasteful. Now it turns out it has compromised the gorgeous Vigor study, the labelling we had wanted, and put us in a terrible situation/Ed

-----Original Message-----
From: Greene, Douglas Dr.
Sent: Saturday, April 07, 2001 11:43 AM
To: Scolnick, Edward M.
Subject: FW: ADVANTAGE CV events tables

Ed,
As I'm sure you recognize, the Division may be trying to make something out of the 5 vs 1, 3 vs 1 and 3 vs 0 cardiovascular events in the aspirin-taking subjects, even though the number of events is too small to interpret.
Doug

-----Original Message-----
From: Silverman, Robert E. (MRL)
Sent: Friday, April 06, 2001 12:36 PM
To: Scolnick, Edward M.
Cc: Greene, Douglas Dr.; Blois, David W.; Goldmann, Bonnie J; Reicin, Alise S.; Gertz, Barry J.; Shapiro, Deborah R.; Oppenheimer, Leonard; Nies, Alan S.; Geba, Greg P
Subject: ADVANTAGE CV events tables

Ed,
Attached are the tables you requested. These were extracted from the CSR sent to FDA. Brief explanation:
#36- summary table by both definitions of events; predefined protocol definition (investigator reported and subset that was confirmed by adjudication committee) and APTC definition, for the total study population
#39- same as #36 but for the cohort taking aspirin.

Let me know if you need anything else.

Bob

[Silverman, Robert E. (MRL)] << File: advantage2.pdf >>

Table 36

Summary of Analysis of Thrombotic Cardiovascular Serious Adverse Experiences

Subgroup	Treatment	N	Patients With Events	PYR[†]	Rates[‡]	Relative Risk[¶]	
						Estimate	95% CI
Investigator Reported Thrombotic Cardiovascular Serious Adverse Experiences							
Total Cohort	Rofecoxib	2785	14	639	2.19	1.06	(0.50, 2.26)
	Naproxen	2772	13	629	2.07		
Confirmed Thrombotic Cardiovascular Serious Adverse Experiences							
Total Cohort	Rofecoxib	2785	9	640	1.41	0.74	(0.31, 1.75)
	Naproxen	2772	12	629	1.91		
APTC Combined Endpoint							
Total Cohort	Rofecoxib	2785	10	640	1.56	1.41	(0.54, 3.69)
	Naproxen	2772	7	629	1.11		

† Patient-years at risk.
‡ Per 100 PYR.
¶ Relative risk of naproxen with respect to rofecoxib from unstratified Cox model where the number of cases is at least 11, otherwise relative risk is the ratio of rates.

Data Source: [4.1.76; 4.1.78 to 4.1.80]

Table 39

Summary of Analysis of Thrombotic Cardiovascular Serious Adverse Experiences in Low Dose Aspirin Users in ADVANTAGE

Subgroup	Treatment	N	Patients With Events	PYR[†]	Rates[‡]	Relative Risk[§] Estimate	Relative Risk[§] 95% CI
Investigator Reported Thrombotic Cardiovascular Serious Adverse Experiences							
Low Dose Aspirin User	Rofecoxib	352	5	81	6.18	5.08	(0.57, 240.4)
	Naproxen	367	1	82	1.22		
Confirmed Thrombotic Cardiovascular Serious Adverse Experiences							
Low Dose Aspirin User	Rofecoxib	352	3	81	3.71	3.05	(0.24, 159.9)
	Naproxen	367	1	82	1.22		
APTC Combined Endpoint							
Low Dose Aspirin User	Rofecoxib	352	3	81	3.71	NC	NC
	Naproxen	367	0	82	0.00		

NC = Not Calculated because no events occurred in one of the groups

† Patient-years at risk.

‡ Per 100 PYR.

§ Relative risk of naproxen with respect to rofecoxib from unstratified Cox model where the number of cases is at least 11, otherwise relative risk is the ratio of rates.

Data Source: [4.1.78 to 4.1.80]